

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017658

STATE FILE NUMBER

FILED MAY 29 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2265

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Wisconsin</b> b. COUNTY <b>Milwaukee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Milwaukee</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors' Hospital</b>		d. STREET ADDRESS <b>3230 N. Newhall</b>	
3. NAME OF DECEASED (Type or print) First <b>Carrie</b> Middle <b>K.</b> Last <b>Coleman</b>		4. DATE OF DEATH Month <b>May</b> Day <b>5</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 10, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) <b>79</b>
11. BIRTHPLACE (City and state or country) <b>Milwaukee, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Edward Kettler</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>398-18-4590</b>	
17. INFORMANT <b>Margaret C. Reynolds</b>		Address <b>400 Corder Lees Summit, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY FAILURE</b> DUE TO (b) <b>Cerebral Embolism</b> DUE TO (c) <b>AURICULAR FIBRILLATION</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CARDIAC DECOMPENSATION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4331</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>4-28-59</b> to <b>5-5-59</b> and last saw her alive on <b>5-4-59</b> Death occurred at <b>5:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William J. Rhoads DO</b>		22b. ADDRESS <b>320 S. Douglas Lee's Summit</b>	
22c. DATE SIGNED <b>5-5-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>May 6, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Ridge Cemetery</b>	23d. LOCATION (City, town, or county) <b>Chicago, Ill.</b>
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-59</b>	
ADDRESS <b>Lee's Summit, Missouri</b>		26. REGISTRAR'S SIGNATURE <b>Hever Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

William J. Rhoads J. Rhoads USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed N. B. Langford Jr.  
Licensed Embalmer No. 4962  
P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.